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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/602,897	06/24/2003	Kurt Haggstrom	20518/44 (M-1111-CIP)

Tycon Healthcare Group LP
 15 Hampshire Street
 Mansfield, MA 02048

CONFIRMATION NO. 2190



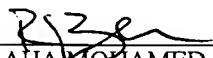
OC000000017353517

Date Mailed: 10/28/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/25/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.


 RIZAHAMOHAMED
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21710
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CONFIRMATION NO. 2190



OC000000017353502

Date Mailed: 10/28/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/25/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).


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